

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5215

State File No.

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 16

02510

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAMEARON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0251</u> OR TOWN <u>CAMEARON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home</u>		d. STREET ADDRESS (If rural, give location) <u>804 W. PRARIE. ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Noah</u>	b. (Middle)	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 28 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 8-1861</u>	9. AGE (In years last birthday) <u>91</u>	If UNDER 1 YEAR Months Days	If UNDER 6 mos. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISON CO. MOU</u>	12. CITIZEN OF WHAT COUNTRY? <u>US-</u>
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13a. FATHER'S NAME <u>FRANKLIN JONES</u>	13b. MOTHER'S MAIDEN NAME <u>America (not known)</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ALICE JONES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Margaret Justice</u> ADDRESS <u>166</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>794x</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 29 1953 to Feb 26 1953 that I last saw the deceased alive on Feb 27 1953 and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. O. Gilliland MD</u> (Degree or title)	23b. ADDRESS <u>Mo. Cameron MO</u>	23c. DATE SIGNED <u>3/2/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph MO</u>
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DATE REC'D BY LOCAL REG. <u>3-3-53</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>De Moss CRUNK</u> ADDRESS <u>Cameron Mo</u>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lee M. ...

Licensed Embalmer No. *2533*

P. O. Address *Camden, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.